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JUN 16 2005

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DATE: June 16, 2005

TOTAL PAGES, INCLUDING COVER: 8

To:

NAME:	FACSIMILE NO.	TELEPHONE NO.
Commissioner for Patents	703-872-9306	
Examiner Jessica R. Baxter GAU 3731		

FROM: Stephen C. Beuerle

RE: Application No. 10/755,080  
Confirmation No. 8186  
Our Docket 110447-000002

CC:

MESSAGE:

Attached are:

- 1) Transmittal Form;
- 2) Fee Transmittal Form; and
- 3) Reply to Office Communication of 06/02/05

with certificate of transmission

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Client Name: Abdou, M. Samy  
Client/Matter No.: 110447.000002  
Equitrac No: 8065  
110447.000002/539142.01


PTO/SB/21 (09-04)

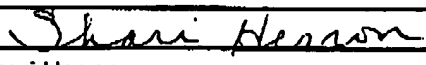
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/755,080
	Filing Date	01/10/2004
	First Named Inventor	M. Samy Abdou
	Art Unit	3731
	Examiner Name	Jessica R. Baxter
Total Number of Pages in This Submission	Attorney Docket Number	110447-000002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Procopio, Cory, Hargreaves & Savitch LLP	
Signature		
Printed name	Stephen C. Beuerle	
Date	June 16, 2005	Reg. No. 38,380

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Shari Herron	Date June 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Approved for use through 07/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PTO/SB/17 (12-04v2)

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete If Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/755,080
		Filing Date	01/10/2004
		First Named Inventor	M. Samy Abdou
		Examiner Name	Jessica R. Baxter
		Art Unit	3731
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	110447-000002

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-2075 Deposit Account Name: Procopio, Cory, Hargreaves & Savitch LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3		

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fee Paid (\$)

## SUBMITTED BY

Signature		Registration No. 38,380 (Attorney/Agent)	Telephone 619-238-1900
Name (Print/Type)	Stephen C. Beuerle		Date June 16, 2006

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JUN 16 2005

Serial No. 10/755,880  
June 16, 2005 Reply to  
June 2, 2005 Office Communication

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/755,080  
Applicant: M. Samy Abdou  
Filed: January 10, 2004  
Title: Plating System for Bone Fixation  
and Subsidence and Method of  
Implantation

Art Unit: 3731  
Examiner: Jessica R. Baxter  
Docket No.: 110447-000002

REPLY

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action mailed June 2, 2005, reconsideration and allowance of the above-identified case is respectfully requested in view of the following amendments and remarks:

Amendments to the Claims begin on page 2 of this paper; and

Remarks begin on page 5 of this paper.

## CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9306.

June 16, 2005

110447.000002/537692.01

Shari Herron  
Name of Person Faxing Paper,

Signature of Person Faxing Papers